

**AUTHORIZED SIGNATURES FOR PAYMENT ON
REQUEST FOR FUNDS**

Grant Organization: _____ Grant # _____

Address: _____

Signatures of individuals authorized to request payment on the grant contract. (Only one signature is required on a payment request unless otherwise requested.)

Signature: _____ Date _____

Printed Name: _____

Title: ITC GRANT MANAGER

2nd Signature: _____ Date _____

Printed Name: _____

Title: _____

I certify that the above signature(s) are of the individuals authorized to draw payment for the cited contract.

Signature of Organization's Chief Official

Printed Name

It is understood the approved grant manager is notifying the Organization's Chief Official of all requests for funds and the status of the grant projects.

Submit by Mail Only to:

Idaho Commerce & Labor
ITC Grant Program
700 W. State Street
PO Box 83720
Boise, Idaho 83720 - 0093
Boise, Idaho 83720 - 0093